

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. NFS	\$11,323			\$11,323
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$11,323			\$11,323
SECTION D - FORCASTED CASH NEEDS				
	Total for 1 <sup>st</sup> Year	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter
13. Federal				
14. Non-Federal				
15. TOTAL (sum of lines 13 - 14)				
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.				
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)				
SECTION F - OTHER BUDGET INFORMATION				
21. Direct Charges:		22. Indirect Charges:		
23. Remarks:				

Authorized for Local Reproduction

Standard Form 424A (Rev.7-97) Page 2

## **GABI - Grant Detail Report**

**12/06/2001**

**Grant / Delegate:** 06CH0008 / 0  
**Name:** Dipsy Doodle Community Action Program  
**Fiscal Yr:** 2002  
**Grant Type** Supplemental HS Grant Application

## GABI - Grant Detail Report

12/06/2001

Grant/Del: 06CH0008 / 0  
Name: Dipsy Doodle Community Action Program  
Fiscal Yr: 2002

Supplemental HS Grant Application  
State: OK  
Budget Period: 6/01/2001 to 5/31/2002

### Key Features

<b>1. Number of Delegates</b>	00
<b>2. Budget Period:</b>	6/01/2001 to 5/31/2002
<b>3. Funding Level:</b>	
Program Operations:	\$45,291
T&TA	\$0
NFS Cash & In-Kind:	\$11,323
Total:	\$56,614
<b>4. Other Funds:</b>	
(A) USDA Funds:	\$0
(B) Other Funds:	\$0
<b>5. Total Funded Enroll by Prog Option:</b>	
(A) Center-Based Enrollment	277
(B) Home-Based Enrollment:	0
(C) Combination Enrollment	0
(D) Family Child Care Enrollment	0
(E) Expectant Mothers in EHS:	0
(F) Other Enrollment:	0

**GABI - Grant Detail Report**  
**12/06/2001**

Grant/Del: 06CH0008 / 0  
Name: Dipsy Doodle Community Action Program  
Fiscal Yr: 2002

Supplemental HS Grant Application  
State: OK  
Budget Period: 6/01/2001 to 5/31/2002

**Summary of Budget Categories**

	<b>PO</b>	<b>T&amp;TA</b>	<b>NFS</b>
<b>c. TRAVEL</b>	\$1,000	\$0	\$0
<b>e. SUPPLIES</b>	\$25,000	\$0	\$0
<b>f. CONTRACTUAL</b>	\$5,000	\$0	\$3,323
<b>h. OTHER</b>	\$14,291	\$0	\$8,000
<b>DIRECT COSTS</b>	\$45,291	\$0	\$11,323
<b>TOTAL COSTS</b>	\$45,291	\$0	\$11,323

**GABI - Grant Detail Report****12/06/2001**

Grant/Del: 06CH0008 / 0  
Name: Dipsy Doodle Community Action Program  
Fiscal Yr: 2002

Supplemental HS Grant Application  
State: OK  
Budget Period: 6/01/2001 to 5/31/2002

**Summary Items**

2. Non-Federal Share. For most grantees, a minimum of 20% of the total budget must be non-federal share.

Total Non-Federal Share:	\$11,323
Total Budget:	\$56,614
Non-Federal Share as a % of Total Budget:	20.00%

3. Average Class Size.

Average class size for CB Program Schedules that involve double sessions should be between 13 and 20. Average class size for the CB and CO Program Schedules (including double sessions) should be between 15 and 20.

Center-Based Double Sessions:	0
Center-Based AND Combination Non-double Sessions	20
All Center-Based AND Combination:	20

4. Cost Per Child and Per Hour of Service.

The following table shows information on costs and hours of service for this agency.

Overall Cost/Per Child:	\$204
Total Hours of Service/Per Child:	1138.00
Overall Cost/Per Child/Per Hour:	\$0.18

## Program Narrative

### CARRY FORWARD REQUEST

The Agency's Budget period is June 1, to May 31. The expansion funds for Fiscal Year 1999 were awarded on September 25 for Program Year 11. At that time, the Agency was involved in preparing for the new school year, expanding the current program year and compensating for a tornado that recently hit the area. Consequently, Dipsy Doodle was not able to meet the proposed start-up date for expansion. Therefore, the Agency is requesting authorization to carry forward funds in the amount of \$45,291 into the current program year, which is program year 12, Fiscal year 2001.

Travel is requested for two staff persons to attend the State Association Conference in Kansas City, Missouri.

One of our two buses recently stalled and repair costs exceed the salvage value of the vehicle. funding of the fifteen passenger bus will enable the agency to continue to provide services to children in our expanded service area.

Renovation is requested to provide accessibility to the facility for disable children and to meet State licensing requirements. Labor cost for renovation is being donated by a local carpenter as indicated in the budget justification.

The donated facility acquired during expansion recently had a ruptured water line, which caused extensive damage to the floor in one classroom. Therefore, floor repairs and plumbing is requested.

### BUDGETARY JUSTIFICATION

#### OUT-OF-AREA-TRAVEL

2 Staff Persons (1 Teacher and 1 Head Start Director)

Per Diem = 2 @ \$150 = \$300

Air Fare = 2 @ 350 = 700

Total Travel \$1,000

#### EQUIPMENT

1 Fifteen Passenger Bus \$25,000

(MEETS NEW TRANSPORTATION REGS)

#### SUPPLIES

Classroom: 277 @ \$18.05 Per Child = \$5,000

#### RENOVATION

##### YELLOW BRICK ROAD CENTER

Restroom repair to meet licensing requirements for

the disabled \$7,000

Install ramp 2,291

Plumbing 2,370

Floor Repair 2,630

# Program Narrative

Total Renovation \$14,291

## NON-FEDERAL (IN-KIND) JUSTIFICIATION

DONATED LABOR	HOURS	HRLY RATE	TOTAL
Restroom Repair	106.67	\$30	\$3,200
Floor Repair	68.33	30	2,050
Plumbing	66.67	30	2,000
Install Ramp	50	15	750
Total			\$8,000

## DONATED SUPPLIES

Classroom Supplies: 277 @ 12.01 per Child \$3,326

TOTAL NON-FEDERAL (IN-KIND) \$11,326

## Line Item Budget For Head Start and Early Head Start

Position	HS/EHS Cost for Program Operations	HS/EHS Cost for Training & Technical Assistance	Non-Federal Share (Cash and in-kind)
<b>b. FRINGE BENEFITS</b>			
Social Security(FICA), State Disability, Unemployment			
Health/Dental/Life Insurance			
Retirement			
Other Fringe			
<b>TOTAL FRINGE BENEFITS (6b)</b>			
<b>c. TRAVEL</b>			
Staff Out-Of-Town Travel	\$1,000	\$0	\$0
<b>TOTAL TRAVEL (6c)</b>	\$1,000	\$0	\$0
<b>d. EQUIPMENT</b>			
Office Equipment			
Classroom/Outdoor/Home-based/FCC			
Vehicle Purchase	\$25,000	\$0	\$0
Other Equipment			
<b>TOTAL FRINGE BENEFITS (6d)</b>	\$25,000	\$0	\$0
<b>e. SUPPLIES</b>			
Office Supplies			
Child and Family Services Supplies	\$5,000	\$0	\$3,323
Food Services Supplies			



### Line Item Budget For Head Start and Early Head Start

Position	HS/EHS Cost for Program Operations	HS/EHS Cost for Training & Technical Assistance	Non-Federal Share (Cash and in-kind)
4 Other Supplies			
<b>TOTAL SUPPLIES (6e)</b>	\$5,000	\$0	\$3,323

<b>f. CONTRACTUAL</b>			
1 Administrative Services(e.g., Legal, Accounting)			
2 Health/Disabilities Services			
3 Food Service			
4 Child Transportation Services			
5 Training & Technical Assistance			
6 Family Child Care			
7 Delegate Agency Costs			
8 Other Contracts			
<b>TOTAL CONTRACTUAL (6f)</b>			

<b>g. CONSTRUCTION</b>			
1 New Construction			
2 Major Renovation			
3 Acquisition of Buildings/Modular Unites			
<b>TOTAL CONSTRUCTION (6g)</b>			

## Line Item Budget For Head Start and Early Head Start

Position	HS/EHS Cost for Program Operations	HS/EHS Cost for Training & Technical Assistance	Non-Federal Share (Cash and in-kind)
<b>h. OTHER</b>			
1 Depreciation/Use Allowance			
2 Rent			
3 Mortgage			
4 Utilities, Telephone			
5 Building & Child Liability Insurance			
6 Building Maintenance/Repair and Other Occupancy			
7 Incidental Alterations/Renovations	\$14,291	\$0	\$8,000
8 Local Travel			
9 Nutrition Services			
10 Child Services Consultants			
11 Volunteers			
12 Substitutes (if not paid benefits)			
13 Parent Services			
14 Accounting & Legal Services			
15 Publications/Advertising/Printing			
16 Training or Staff Development			
17 Other			
<b>TOTAL SUPPLIES (6h)</b>	\$14,291	\$0	\$8,000

**Line Item Budget For Head Start and Early Head Start**

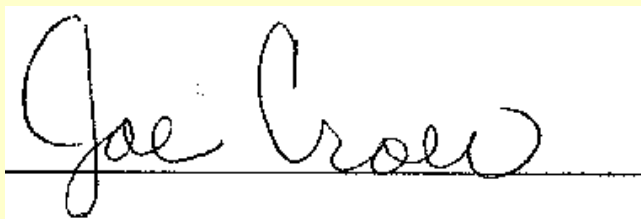
Position	HS/EHS Cost for Program Operations	HS/EHS Cost for Training & Technical Assistance	Non-Federal Share (Cash and in-kind)
<b>i. TOTAL DIRECT CHARGES</b>	\$45,291	\$0	\$11,323
<b>j. INDIRECT COSTS</b>			
<b>k. TOTALS - ALL BUDGET CATEGORIES</b>	\$45,291	\$0	\$11,323

## **POLICY COUNCIL MEETING NOVEMBER 10, 2001**

At the regular monthly meeting, the Head Start Carry Forward Request grant application was presented by Lillie Lott, Head Start Director. The Carry Forward Request is for \$45,291 to purchase a bus, classroom supplies, out of area travel and renovations.

Local Share or Non-Federal requirements amount to \$11,323.

Lady Muffet made a motion to approve the Carry Forward Request and Curly Joe seconded the motion. The motion passed unanimously.

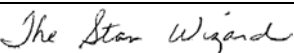
A handwritten signature in black ink, reading "Joe Crow", written over a horizontal line.

Joe Crow, Chairperson  
Policy Council Chairperson

## FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted ACF		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 06CH3000/11		OMB Approval No. 0348-0039	Page of pages
3. Recipient Organization (name and complete address, including ZIP code) Dipsy Doodle Agency 2710 Wall Street, Lollipop, OZ 12345					
4. Employer Identification Number 760535914A2		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 06/01/00		To: (Month, Day, Year) 05/31/01		9. Period Covered by this Report From: (Month, Day, Year) 06/01/00	To: (Month, Day, Year) 05/31/02
10. Transactions:		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		698,472	26,533	725,005	
b. Refunds, rebates, etc.		-0-	-0-	-0-	
c. Program income used in accordance with the deduction alternative		-0-	-0-	-0-	
d. Net outlays (Line a, less the sum of lines b and c)		698,472	26,533	725,005	
Recipient's share of net outlays, consisting of:		139,694	5,307	145,001	
e. Third party (in-kind) contributions					
f. Other Federal awards authorized to be used to match this award		-0-	-0-	-0-	
g. Program income used in accordance with the matching or cost sharing alternative		-0-	-0-	-0-	
h. All other recipient outlays not shown on lines e, f or g		-0-	-0-	-0-	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		139,694	5,307	145,001	
j. Federal share of net outlays (line d less line i)		558,778	21,226	580,004	
k. Total unliquidated obligations				-0-	
l. Recipients's share of unliquidated obligations				-0-	
m. Federal share of unliquidated obligations				-0-	
n. Total Federal share (sum of lines j and m)				580,004	
o. Total Federal funds authorized for this funding period				625,295	
p. Unobligated balance of Federal funds (Line o minus line n)				45,291	
Program income, consisting of:				-0-	
q. Disbursed program income shown on lines c and/or g above				-0-	
r. Disbursed program income using the addition alternative				-0-	
s. Undisbursed program income				-0-	
t. Total program income realized (Sum of lines q, r and s)				-0-	
11. Indirect Expenses					
a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Administrative Expenditures: \$87,000; T&TA: \$10,259 USDA Reimbursement: \$96,941; Disabilities Exp.: \$30,508					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title The Star Wizard			Telephone (Area code, number and extension) (123) 456-7890		
Signature of Authorized Certifying Official 			Date Report Submitted 09/05/01		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES  
FINANCIAL ASSISTANCE AWARD

1.RECIPIENT

SAI NUMBER:

T-78

PMS DOCUMENT NUMBER:  
06CH0008/12

<b>1. AWARDING OFFICE:</b> Regn Vi For Children And Families		<b>2. ASSISTANCE TYPE:</b> Discretionary Grant	<b>3. AWARD NO.:</b> 06CH0008/12	<b>4. AMEND. NO.:</b> 2
<b>5. TYPE OF AWARD:</b> SERVICE		<b>6. TYPE OF ACTION:</b> Revision (*)		<b>7. AWARD AUTHORITY:</b> 42 USC 9801 ET SEQ.
<b>8. BUDGET PERIOD:</b> 06/01/2001 THRU 05/31/2002		<b>9. PROJECT PERIOD:</b> INDEFINITE		<b>10. CAT NO.:</b> 93600
<b>11. RECIPIENT ORGANIZATION:</b> Dipsy Doodle Community Action Program 2710 Wall Street Lollipop OK 12345 Linus Lion, Board President			<b>12. PROJECT / PROGRAM TITLE:</b> Head Start	
<b>13. COUNTY:</b> OKMULGEE	<b>14. CONGR. DIST:</b> 01		<b>15. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR:</b> The Star Wizard, Executive Director	

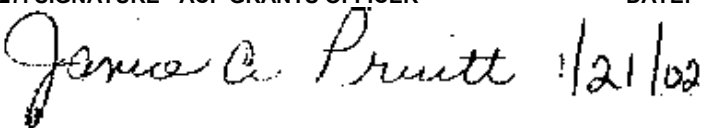
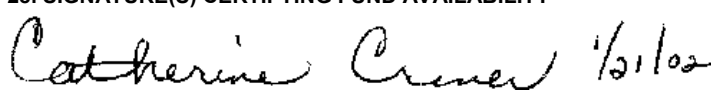

16. APPROVED BUDGET			17. AWARD COMPUTATION:		
Personnel.....	\$	570,640	A. NON-FEDERAL SHARE	\$	245,800 20.00 %
Fringe Benefits.....	\$	112,843	B. FEDERAL SHARE	\$	938,200 80.00 %
Travel.....	\$	5,899	18. FEDERAL SHARE COMPUTATION:		
Equipment.....	\$	45,000	A. NON-FEDERAL SHARE	\$	938,200
Supplies.....	\$	17,992	B. UNOBLIGATED BALANCE FEDERAL SHARE	\$	49,547
Contractual.....	\$	76,079	C. FED. SHARE AWARDED THIS BUDGET PERIOD.	\$	933,653
Facilities/Construction.....	\$	39,291	19. AMOUNT AWARDED THIS ACTION:		\$ 0
Other.....	\$	115,456	20. FEDERAL \$ AWARDED THIS PROJECT PERIOD:		\$
Direct Costs.....	\$	983,200	21. AUTHORIZED TREATMENT OF PROGRAM INCOME:		
Indirect Costs.....	\$	0	DEDUCTIVE		
At % of \$					
In Kind Contributions.....	\$	0	22. APPLICANT EIN:	23. PAYEE EIN:	24. OBJECT CLASS:
Total Approved Budget (**)..	\$	983,200	1-760539514-A1	1-760539514-A1	41.51

25. FINANCIAL INFORMATION:

ORGN	DOCUMENT NO.	APPROPRIATION	CAN NO.	NEW AMT.	UNOBLIG.	NONFED %
R06	06CH000811	75-2-1536	2002 G064122		(\$45,291)	
R06	06CH000812	75-2-1536	2002 G064122		\$45,291	

26. REMARKS: (Continued on separate sheets)

Client Population: 277.  
This grant is paid by the Payment Management System (PMS) See attached payment info.  
All previous terms and conditions remain in effect.  
(\*)Other (See Remarks).  
(\*\*)Reflects only federal share of approved budget.  
(\*\*)Cost under the line item 'Facilities/Construction' are to be used as described in the grantee's application for the following: Facility Purchase Amount \$0; Major Renovation Amount \$39,291; and Construction Amount \$0.  
This action approves the reprogramming of \$45,291 in unobligated balance from Program Year 11 to

<b>27. SIGNATURE - ACF GRANTS OFFICER</b> 		<b>DATE:</b> 1/21/02	<b>28. SIGNATURE(S) CERTIFYING FUND AVAILABILITY</b> 	
<b>29. SIGNATURE AND TITLE - PROGRAM OFFICIAL(S)</b> 				
<b>DATE:</b> 1/21/02				

1.RECIPIENT

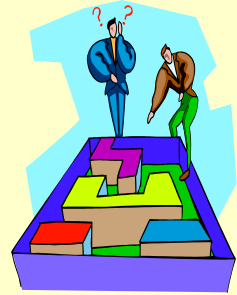
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ADMINISTRATION FOR CHILDREN AND FAMILIES**  
**FINANCIAL ASSISTANCE AWARD**

**SAI NUMBER:** T-79  
**PMS DOCUMENT NUMBER:**  
06CH0008/12

<b>1. AWARDING OFFICE:</b> Regn Vi For Children And Families		<b>2. ASSISTANCE TYPE:</b> Discretionary Grant		<b>3. AWARD NO.:</b> 06CH0008/12		<b>4. AMEND. NO.</b> 2	
<b>5. TYPE OF AWARD:</b> SERVICE		<b>6. TYPE OF ACTION:</b> Revision (*)			<b>7. AWARD AUTHORITY:</b> 42 USC 9801 ET SEQ.		
<b>8. BUDGET PERIOD:</b> 06/01/2001 THRU 05/31/2002		<b>9. PROJECT PERIOD:</b> 06/01/1990 THRU			<b>10. CAT NO.:</b> 93600		
<b>11. RECIPIENT ORGANIZATION:</b> Dipsy Doodle Community Action Program							

**26. REMARKS:** (Continued from previous page)  
the current year for renovations (\$14,291), supplies (\$5,000), travel (\$1,000) and one fifteen passenger bus (\$25,000).

## Audit Requirements - A-133



### Due Date

- Due nine (9) months after an agency's fiscal year
- Note: Reconcile SF 269 with audited financial statements*

### Place of Audit Submission

- Single Audit Clearinghouse  
1201 East 10th Street  
Jeffersonville, IN 47132
- Send a courtesy copy of the audit to the Grants Officer*





# Payment Management System (PMS)



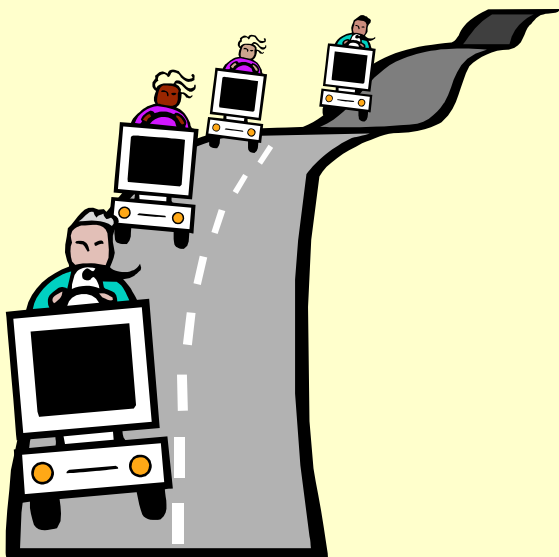
Direct  
Deposit



**GRANTEE**



# WEBSITES



## USEFUL FINANCIAL MANAGEMENT/GRANTS MANAGEMENT WEB SITES AND TELEPHONE NUMBERS

ACF/Financial Management Web Page

<http://www.acf.hhs.gov/programs/wchub/programs/fm/fm.htm>

HHS/Division of Payment Management

<http://www.dpm.psc.gov/>

HHS/DPM/Payment Management System (PMS)

<http://dpmlink.dpm.psc.gov/>

HHS/Division of Cost Allocation

<http://www.psc.gov/>

HHS/GrantsNet

<http://www.hhs.gov/grantsnet/>

OMB Grants Management

<http://www.whitehouse.gov/omb/grants/index.html>

U S Government Printing Office (GPO)

<http://www.access.gpo.gov/>

Code of Federal Regulations (CFR)

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

**Janice Pruitt, Regional Grants Officer**

(214) 767-8848

[jpruitt@acf.hhs.gov](mailto:jpruitt@acf.hhs.gov)

**Dorothy Ferguson, Financial Specialist**

(214) 767-1769

[dferguson@acf.hhs.gov](mailto:dferguson@acf.hhs.gov)

**Facility Information Referral Service**

(Facilities Help Desk, including Davis Bacon Wage Rates)

(800) 303-0705, ask for Bob Crooks

(270) 745-4041 [TEMPORARY NUMBER]

**Payment Management System (PMS) Accountants**

Anthony Holland (301) 443-9187

Edna Little (301) 443-9201

Lydia Peele (301) 443-7605

**HHS/Division of Cost Allocation**

Merle Schmidt, (214) 767-3600

Terry Hill (214) 767-3263

**FM Technical Assistance and Training (Head Start)**

BHM, Linda Reasoner (800) 270-8272

Texas Tech, James Mitchell (800) 527-2802

**Federal Single Audit Clearinghouse**

1201 E. 10<sup>th</sup> Street

Jeffersonville IN 47132

(888) 222-9907

## QUESTION

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